



HUMAN RELATIONS COMMISSION

Minority, Female, Handicapped Business Enterprise Certification Application

410 West Chestnut Street, Ste 300A Louisville KY 40202
Phone 502-574-3631 Fax 502-574-3577 www.louisvilleky.gov/humanrelations

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Introduction

We appreciate your interest in Louisville Metro Government's Minority owned, Female owned, and Handicapped owned Business Enterprise (MFHBE) Certification Program. In accordance with LMCO §37.66 the Louisville and Jefferson County Human Relations Commission, shall develop and implement an eligibility process to identify and certify minority, female and handicapped business enterprises. The objective of the MFHBE Certification Program is to promote inclusiveness of minority, female and handicapped owned businesses within Louisville Metro Government's procurement process and to facilitate the equitable awarding of contracts to such enterprises.

There is no fee for this service and once certified, your business may benefit in the following ways:

- Your business will be listed on our website for three years.
- Louisville Metro departments and the public sector will have access to view your listed information.
- Certification allows contractors to identify, Minority owned, Female owned, and Handicapped owned businesses (MFHBE), for utilization as subcontractors and suppliers in the attainment of Louisville Metro Government's (MFHBE) minimum annual spending goals of:
 - 15% Certified Minority owned Businesses
 - 5% Certified Female owned Businesses and
 - .5% Handicapped owned Businesses

What is a MBE/FBE/HBE?

If your business is a sole proprietorship, partnership, corporation, joint venture or any other business entity that is fifty-one percent (51%) owned and controlled by a minority (or a group of minorities), by a woman (or a group of women) or by a person with a disability (or by a group of people with disabilities), your business can be certified as a Minority Owned, Female Owned or Handicapped Owned Business Enterprise (MBE/FBE/HBE).

Definitions

AFFILIATE - A person who directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with another person.

APPLICANT - A person who applies for or requests something; a candidate.

ATTORNEY - licensed to practice in the Commonwealth of Kentucky.

CONTROL - The power to direct, and manage, oversees and/or restricts the affairs, business or assets of a person or entity.

DISABLED OWNED BUSINESS – A business owned by a disabled person(s). *See Handicapped Owned Business definition*

EMPLOYEE - A person who performs services for wages or salary.

FEMALE OWNED BUSINESS - A business enterprise legally constituted under the laws of the state, including but not limited to an individual, partnership, corporation, joint venture, association, or cooperative, which enterprise is not an affiliate or a subsidiary of a business dominant in its field of operation and has employees identified in its own payroll records, working specifically for such entity and which entity is majority owned and controlled by a person or a combination of persons who are female and legal residents of the United States.

HANDICAPPED PERSON - A legal resident of the United States with a physical or mental disability caused by birth defect, bodily injury, illness, or other reason or as certified by a physician, and while constituting a physical or mental impairment is not otherwise related to a person's ability, either individually or as a participant in a partnership, corporation, joint venture, or other business enterprise, to engage in contractual relations with the Metro Government.

HANDICAPPED OWNED BUSINESS - A business enterprise legally constituted under the laws of the state, including but not limited to an individual, partnership, corporation (including nonprofit), joint venture, association, or cooperative, which enterprise is not an affiliate or a subsidiary of a business dominant in its field of operation and has employees identified in its own payroll records, working specifically for such entity and which entity is majority owned and controlled by a person or a combination of persons who are handicapped.

Definitions (cont)

INDEPENDENT CONTRACTOR - A person who contracts to do work for another person according to his or her own processes and methods; the contractor is not subject to another's control except for what is specified in a mutually binding agreement for a specific job.

MINORITY - Any legal resident of the United States having ethnic origin in the black racial groups of Africa; a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Latino cultures; a person having ethnic origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, Korea, China, the Philippines, Malaysia, Hawaii, and Samoa; a person having origins in any of the original peoples of North America who is an enrolled member of an Indian tribe recognized as such by the government of the United States or Canada; or a person having origins in the Eskimo or Aleut peoples and who is recognized as such by either a tribe, tribal counsel, or a suitable authority in the community, which authority may be an educational institution, religious organization, or a federal or state agency.

MINORITY OWNED BUSINESS - A business enterprise legally constituted under the laws of the state, including but not limited to an individual, partnership, corporation, joint venture, association, or cooperative, which enterprise is not an affiliate or a subsidiary of a business dominant in its field of operation and has employees identified in its own payroll records, working specifically for such entity and which entity is majority owned and controlled by a person or a combination of persons who are minorities and legal residents of the United States.

PERSON - A human being, whether man, woman, child which includes individual, partnership, committee, association, corporation, or any other organization or group of persons.

How do I obtain MBE/FBE/HBE certification?

Step One: Complete Eligibility Requirements

Step Two: Complete Certification Application

Step Three: Choose a method of certification

- **Reciprocal:** Reciprocal certification is available if you are certified by another certifying agency, such as TSMSDC, Kentucky Transportation Department and Kentucky Finance and Administration Cabinet MWBE Certification Program, etc. Complete application and submit with the supporting documents listed on page 15.
- **Application with Attorney Letter:** Complete Certification Application. Should you choose not to provide the supporting documentation for review, submit with the Attorney letter contained herein, to the Louisville Metro Human Relations Commission.
 - **The Attorney letter must be signed by an Attorney licensed to practice in the Commonwealth of Kentucky.**
- **Application without an Attorney Letter:** Submit application along with the supporting documents by email to HRC@louisvilleky.gov or mail to **Louisville Metro Human Relations Commission, 410 West Chestnut Street, Suite 300A Louisville, KY 40202**. Application must be signed by an eligible owner, the eligible owner must be a minority/minorities or a woman/women or a person(s) with disabilities.

****Please be advised that the Human Relations Commission (HRC) conducts random audits of certified companies. You are required to have a copy of all documents available for review for the duration of the certification period.**

Step Four: Await HRC's review and approval/denial letter (we may request further documentation), which should be within 90 days.

Step One: Eligibility Requirements

Are the applicants all U.S. Citizens or Permanent Resident Aliens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business at least 51% owned and controlled in the day to day operation of the business by one or more minority individuals (African American, Hispanic American, Native American, or Asian-Pacific American), women, disabled persons or service-disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can the firm's owner(s) demonstrate "real and substantial" control of the daily operation of the business as well as an overall understanding of managerial and technical competence and experience directly related to the type of business in which the firm is engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business independently owned and operated, and not an affiliate or subsidiary? (An independent business is one in which the viability does not depend on its relationship with another enterprise or enterprises.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm organized as a for-profit business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared and able to provide all requested supporting documentation, such as the most recent company tax return , organizational documents, applicable licenses, insurance certificates, owner & key management resumes, proof of identification, and required affidavits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you already have or have you obtained a Federal Tax I.D. Number to include with the application? <input type="checkbox"/> Yes <input type="checkbox"/> No

Stop! If you answered NO to any of the above questions – you DO NOT meet the eligibility requirements.

If you answered YES to all of the above questions, then you DO meet the eligibility requirements, please submit your application to be certified.

Step Two: Certification Application

General Company Information

Applying For: ☐ MBE ☐ FBE ☐ HBE Date: _____

Legal Company Name _____

Company Street Address _____

City, State, Zip Code _____

Company Mailing Address _____

If Different From Company Address _____

Contact Person Name _____ Title _____

Company Phone Number _____ Fax Number _____

Company Email Address _____

Company Website _____

Business Structure (Check One):

☐ Sole Proprietor ☐ Limited Liability Partnership (LLP) ☐ Limited Joint Venture ☐ Corporation

☐ Partnership ☐ Limited Liability Company (LLC) ☐ Joint Venture

State Where Company Was Incorporated/Organized _____

Date Company Was Established/Started Doing Business _____

Nature of Business _____

NAICS Codes _____

With definitions (*refer to census.gov*) _____

Is the company certified with any other organization or agency? (Check One) ☐ No ☐ Yes, list below

Organization Name	_____	Certification Date	_____
Organization Name	_____	Certification Date	_____

Products or Services Provided by the Company:

1. _____
2. _____
3. _____
4. _____

Number of Company Employees _____

General Company Information (cont)

1. Are you an affiliate or subsidiary of another company that provides any of the services listed?

(Check One) ☐ Yes ☐ No

2. Do you have business partner(s)?

(Check One) ☐ Yes ☐ No

3. If you answered yes to Question 2, does the business partner(s) have ownership interest in any other businesses?

(Check One) ☐ Yes ☐ No

4. If you answered yes to Question 3, complete with information about the other businesses.

Business Name(s) _____

Type of Business(s) _____

Business Name(s) _____

Type of Business(s) _____

Business Name(s) _____

Type of Business(s) _____

Business Name(s) _____

Type of Business(s) _____

5. Does your business have common ownership with any of the above listed business(s)?

(Check One) ☐ Yes ☐ No

If you answered yes to Question 5, please list which businesses have common ownership.

6. Does your business share offices/space with any other business?

(Check One) ☐ Yes ☐ No

If you answered yes to Question 6, please list which businesses share common office/space.

Company Ownership Information

List all owners/partners of the company:

Name & Title	Gender	Marital Status	Ethnicity	Ownership [%]

Company Management Information

	Name & Title	Gender	Disabled	Ethnicity	Ownership [%]
Person(s) who has authority to make financial decisions					
Person(s) who has the authority to write and sign checks					
Person(s) who has the authority to hire and fire employees and independent contractors					
Person(s) who has the authority to estimate, negotiate and sign contracts					
Person(s) who has the authority to negotiate and sign for insurance and/or security bonds					
Person (s) who signs Company Tax Returns					

Licenses, Insurance & Bonding

Professional Business License(s)

Name of License/Permit Holder	Type of License/Permit	Expiration Date (mm/dd/yyyy)	License Number	License State

Insurance Company and Coverage

☐ No: provide copies of quotes

☐ Yes: list below

Agent/Broker	Address	Telephone Number	Coverage & Limits

Bonding Company and Coverage

If applicable include each type of bond coverage in the table below the agent information, e.g. aggregate, bid amount, job/project, etc.

☐ No: provide copies of quotes

☐ Yes: list below

Agent/Broker	Address	Telephone Number	Coverage & Limits

Current Projects & References

Active Projects

Name of Owner/Client/Contractor	Location	Date Begun	Anticipated Completion Date

Diversity Project Information

Detail the major projects that you participated as a diversity business (minority, woman, or handicapped owned Enterprise).

Contracting Party	Contact Person	Date	Contract Amount

Client References

Three client references are required. More can be added.

Company/Organization Name	Contact Person	Phone Number	Nature of the Work Performed

Sworn Affidavit

Must be signed dated and notarized

STATE OF _____

COUNTY OF _____

I, _____ being duly sworn that I am the _____
Name Title

Of _____ (company name) the firm making the foregoing Application, that I have read the Application and know its contents, that the statements and representations made in the Application are true to my knowledge, and that the Application is fully authorized by the firm (if a corporation, fully authorized by the Board of Directors).

*Signature of Majority Owner Printed Name and title

Date Telephone number

NOTE: Applicant must also sign this Fraud Statement

Fraud Statement: I attest that the information contained in this application has been completed as directed and that the information is accurate to the best of my knowledge. I understand that any information willfully falsified or omitted may result in penalties outlined in KRS 523.030 Kentucky's fraud statute and liability to attendant civil or criminal penalties.

I have read and acknowledge the foregoing: _____
*Signature of Applicant

Notary Seal Sworn to before me this _____ the day of _____ 20____

Notary Public My Commission Expires

Person assisting in completing the application: _____
Name Telephone Number

*Only the signature of the majority owner of a corporation is acceptable. For a partnership, only a General Partner may sign; the signature of a limited partner is not acceptable. For an LLC, the majority member must sign.

Reciprocal Information

Please select the certification type along with the corresponding ethnic classification.

*** If your business is a sole proprietorship, partnership, corporation, joint venture or any other business entity that is fifty-one percent (51%) owned and controlled by a minority (or a group of minorities), by a woman (or a group of women) or by a person with a disability (or by a group of people with disabilities), your business can be certified as a Minority Owned, Female Owned or Handicapped Owned Business Enterprise (MBE/FBE/HBE).

Certification Type		
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Female Business Enterprise	<input type="checkbox"/> Handicapped Business Enterprise
<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Non-Minority	<input type="checkbox"/> Non-Minority
<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> African American (Black)	<input type="checkbox"/> African American (Black)
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Asian Pacific American
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Hispanic American
	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American

Have you ever been rejected for certification by any agency or certifying organization?

☐ No

☐ If yes: please provide details below

Agency	Type of Action	Telephone No.	Date of Action

Self-certification will not be accepted.

Kentucky Businesses – Submit these documents with this application. **DO NOT SEND SUPPORTING DOCUMENTS**

A copy of your letter of certification from KY Finance and Administration Cabinet, KYDOT, TSMDC, WBENC or NABOW	
A copy of the application submitted to one of the above certifying agencies (excluding supporting documents)	
A completed Authority of Release Information on your business to HRC	

Business not located in Kentucky – Submit these documents. **DO NOT SEND SUPPORTING DOCUMENTS**

A copy of your letter of certification with either your state, federal or a national certifying agency	
A copy of your completed certification application as submitted to the outside agency/program, (excluding supporting documents)	
A completed Certification Application for HRC	
A completed Authority to Release Information on your business to HRC	

Authority for Release of Information

MUST BE SIGNED, DATED AND NOTARIZED

I hereby authorize the ("Name of Certifying Agency") _____ to release to the Louisville Metro Human Relations Commission (HRC) any and all information that was submitted by ("Name of Applicant") _____ for minority, female and/or handicapped business enterprise ("MBE/FBE/HBE") certification, which it has in its files. Such release is solely for the limited purpose of applying for the expedited review process by the HRC.

I hereby release ("Name of Certifying Agency") _____ and the HRC from any liability or damage which may result from furnishing such information requested above.

Company

_____/_____/_____/_____
Street Address City State Zip Code

_____/_____/_____
Phone Fax Email

Print majority owner First Name, Last Name, Title Signature of majority owner

Date

AFFIDAVIT

State of Kentucky: (As Applicable)

Before me personally appeared the said who says that he/she executed the above instrument of his/her own free will and record with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

My Commission Expires

Attorney Letter

(THE ATTORNEY LETTER MUST BE SIGNED BY AN ATTORNEY LICENSED TO PRACTICE IN THE COMMONWEALTH OF KENTUCKY)

ATTORNEY LETTERHEAD

[Date]

Mrs. Carolyn Miller-Cooper, Executive Director
Louisville Metro Human Relations Commission
410 W. Chestnut Street, Suite 300A
Louisville, KY 40202

RE: Certification Application of [Company Name]

Dear Mrs. Miller-Cooper:

This letter is furnished to you for the purposes of verifying the information provided on the Louisville Metro Human Relations Commission Application of [Company Name].

[I/We] have acted as counsel to the Company. [I/we] have reviewed the Certification Application and the supporting documents. Attached is the completed document check list.

[I/We] certify genuineness and authenticity of all documents examined by [me/us].

Based on the foregoing, [I am] [we are] of the opinion that:

1. The Company is a [Sole Proprietor/Partnership/Corporation/Limited Liability Company/Limited Liability Partnership/Joint Venture/Limited Joint Venture] duly organized and validly existing under the laws of its jurisdiction of [incorporation/organization].
 2. The Company is not an affiliate or subsidiary of a business dominant in its field of operation and does not have common ownership with any other company that is a business in the same field of operation.
 3. The Company has employees identified in its own payroll records, working specifically for the Company.
- Or
4. The Company has independent contractors currently working for the company.
- Or
5. The Company has no employees

[I/We] understand that all records reviewed are to be maintained at our office and when requested by the HRC will be furnished within 72 hours.

The Company is majority owned and controlled by a person or a combination of persons who are [minorities/female/handicapped], as defined in § 37.65 of the Louisville Metro Code of Ordinances, and are legal residents of the United States.

Limited Joint Venture: Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Operating Agreement	
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship or Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owner(s), Board of Directors, Partners, Officers and Key Management Team	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
Equipment Lease/Rental Agreement	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell agreements. Voting agreements or other inter-owner agreements that restrict or affect in any disposition of ownership interest	
Loan Agreement	
Management/Consulting agreement(s)	
Office Lease/Rental Agreement	

The Louisville Metro Human Relations Commission will safeguard from disclosure information that reasonably may be regarded as confidential, consistent with the Kentucky Open Records Act and other applicable local, state and federal laws.

I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature _____

Date _____

Limited Liability Partnership (LLP): Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Operating Agreement and/or Member Agreement	
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship or Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owner(s), Board of Directors, Partners, Officers and Key Management Team	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
Shareholder Agreements, Voting Trust or Agreements, and/or Buyout Agreement	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
Equipment Lease/Rental Agreement	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell agreements. Voting agreements or other inter-owner agreements that restrict or affect in any disposition of ownership interest	
Loan Agreement	
Management/Consulting Agreement	
Office Lease/Rental Agreement	

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I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature_____

Date_____

Corporation: Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship or Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owners(s), Board of Directors, Partners, Officers and Key Management Team	
IRS SS-4 Application and IRS Letter Providing Employer's taxpayer Identification Number	
Corporate Bylaws	
Corporate Shareholder Meeting Minutes: Most current meeting minutes of Shareholders(s).	
Corporate Board of Directors' Meeting Minutes: Most current meeting minutes of Board of Directors'	
List of Officers, Directors and Shareholders	
Stock Certificates: Front and back copies of ALL stock certificates issued, including voided and/or cancelled	
Stock Transfer Ledger	

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I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature _____

Date _____

Corporation: Supporting Documents cont.

REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Trust Agreement(s) that involve the 51% Majority Owner(s)	
Payroll Records	
Shareholder Agreements, Voting Trust or Agreements, and/or Buyout Agreement	
Equipment lease/Rental Agreement	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell agreements, voting agreements or other inter-owner agreements that restrict or affect in any way disposition of ownership interests	
Loan Agreement	
Management/Consulting Agreement(s)	
Office Lease/Rental Agreement	

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I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature_____

Date_____

Limited Liability Company (LLC): Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Operating Agreement and/or Member Agreement	
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship or Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner	
Bank Signature Cards and Bank Resolution	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owner(s), Board of Directors, Partners, Officers and Key Management Team	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
Shareholder Agreements, Voting Trust or Agreements, and/or Buyout Agreement	
Member(s) List with Titles & Percentage of Membership	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
Equipment Lease/Rental Agreement	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell, voting agreements or other inter-owner agreements that restrict or affect in any way disposition of ownership interests	
Loan Agreement	
Management/Consulting Agreement(s)	
Office Lease/Rental Agreement	

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I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature _____ **Date** _____

Partnership: Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Partnership Agreement	
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship of Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owner(s), Board of Directors, Partners, Officers and Key Management Team	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
Shareholder Agreements, Voting Trust or Agreements, and/or Buyout Agreement	
List of Partner(s)	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell, voting agreements or other inter-owner agreements that restrict or affect in any way disposition of ownership interests	
Loan Agreement	
Management/Consulting Agreement	
Office Lease/Rental Agreement	

The Louisville Metro Human Relations Commission will safeguard from disclosure information that reasonably may be regarded as confidential, consistent with the Kentucky Open Records Act and other applicable local, state and federal laws.

I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature _____ **Date** _____

Sole Proprietor: Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship of Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Resume of all Owner(s)	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
Equipment Lease/Rental Agreement	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell, voting agreements or other inter-owner agreements that restrict or affect in any way disposition of ownership interests	
Loan Agreement	
Management/Consulting Agreement(s)	
Office Lease/Rental Agreement	

The Louisville Metro Human Relations Commission will safeguard from disclosure information that reasonably may be regarded as confidential, consistent with the Kentucky Open Records Act and other applicable local, state and federal laws.

I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature_____ **Date**_____

Joint Venture: Supporting Documents

MANDATORY DOCUMENTS	Enter date viewed and Initial
Joint Venture Contract/Agreement	
Signed and Notarized Sworn Affidavit	
Owner Eligibility: Evidence of U.S. Citizenship of Permanent Legal Resident Alien status for 51% Majority Owner(s)	
Owner Eligibility: Evidence of Gender or Disability Status of 51% Majority Owner(s)	
Owner Eligibility: Evidence of Racial or Ethnic Identity of 51% Majority Owner(s)	
Evidence of Capital and/or Equity Investment by 51% Majority Owner(s)	
Bank Signature Cards and Bank Resolution	
Financial Profit and Loss Statement	
Financial Balance Sheet	
Federal Income Tax Returns for the Three Previous Fiscal Years	
Professional and Business License(s)	
Resumes of all Owners(s), Board of Directors, Partners, Officers and Key Management Team	
REQUIRED DOCUMENTS (if additional documentation needed)	Enter date viewed and Initial
Payroll Records	
IRS SS-4 Application and IRS Letter Providing Employer's Taxpayer Identification Number	
Equipment Lease/Rental Agreement	
Franchise Agreements	
Independent Contractor Agreement	
Insurance or Bonding Agreement	
Buy/Sell, voting agreements or other inter-owner agreements that restrict or affect in any way disposition of ownership interests	
Loan Agreement	
Management/Consulting Agreement(s)	
Office Lease/Rental Agreement	

The Louisville Metro Human Relations Commission will safeguard from disclosure information that reasonably may be regarded as confidential, consistent with the Kentucky Open Records Act and other applicable local, state and federal laws.

I hereby affirm that I have reviewed the above (checked) documents.

Attorney Signature _____

Date _____

How to submit documentation

PLEASE SUBMIT COMPLETE APPLICATION AND SUPPORTING DOCUMENT(S) BY MAIL TO:

CAROLYN MILLER-COOPER, EXECUTIVE DIRECTOR

LOUISVILLE METRO HUMAN RELATIONS COMMISSION

410 WEST CHESTNUT STREET, SUITE 300A

LOUISVILLE, KENTUCKY 40202

OR

EMAIL TO

HRC@LOUISVILLEKY.GOV

OR

FAX TO

502-574-3577

PLEASE CONTACT US AT 502-574-3631, WITH ANY QUESTIONS OR CONCERNS, SUBMITTING AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN THE CERTIFICATION PROCESS.